



**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	09/900,512
Filing Date	July 6, 2001
First Named Inventor	Dodge
Group Art Unit	1771
Examiner Name	J. Pierce
Attorney Docket Number	11710-0112 (44040-260570)

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GROUP 1700

To: Commissioner for Patents

PO Box 1450

Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified application.

The reasons for this request are: Conflict of Interest

1. ☐ The correspondence address is NOT affected by this withdrawal.

2. ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

☐ Customer Number
OR

Place Customer Number
Bar Code Label here

☒ Firm or
Individual Name

Kimberly-Clark Worldwide, Inc.

Address

Legal Department

Address

401 North Lake Street

City

Neenah

State

WI

ZIP

54956

Country

USA

Telephone

920-721-2000

Fax

☒ This request is made on behalf of myself and

☐ all the attorneys/agents of record,

☒ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☐ the attorneys/agents associated with Customer Number

This request is enclosed in triplicate (including any attachments).

Name Robert E. Richards - Reg. No. 297105

Signature

Date

7-3-03

NOTE: Withdrawal is effective when approved rather than when received

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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